

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 28, 2013
Secretary of State
CC1486310220

Entity Name: BYRAM HEALTHCARE CENTERS, INC.

Current Principal Place of Business:

120 BLOOMINGDALE RD.
SUITE 301
WHITE PLAINS, NY 10605

Current Mailing Address:

120 BLOOMINGDALE RD.
SUITE 301
WHITE PLAINS, NY 10605

FEI Number: 22-2862167

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CFO
Name OVERWEEL, MARCEL
Address 120 BLOOMINGDALE ROAD, SUITE 301
City-State-Zip: WHITE PLAINS NY 10605

Title DIR
Name OVERWEEL, MARCEL
Address 120 BLOOMINGDALE ROAD, SUITE 301
City-State-Zip: WHITE PLAINS NY 10605

Title CEO
Name BERNOCCHI, PERRY A
Address 500 APGAR DRIVE, SUITE 2
City-State-Zip: SOMERSET NJ 08873

Title DIR
Name BERNOCCHI, PERRY A
Address 500 APGAR DRIVE, SUITE 2
City-State-Zip: SOMERSET NJ 08873

Title DIR
Name VAN GELDER, MARC C
Address EUROPALAAN 2
City-State-Zip: UTRECHT NT 3526-KS

Title DIR
Name VAN DEN BROEK, MARCEL
Address EUROPALAAN 2
City-State-Zip: UTRECHT NT 3526-KS

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PERRY A BERNOCCHI

CEO

01/28/2013

Electronic Signature of Signing Officer/Director Detail

Date